MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	09/462894

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51						
2	✓	✓						52						
3		✓						53						
4		✓						54						
5		✓						55						
6		✓						56						
7		✓						57						
8		✓						58						
9		✓						59						
10	✓							60						
11		✓						61						
12		✓						62						
13		✓						63						
14		✓						64						
15		✓						65						
16		✓						66						
17	✓							67						
18		✓						68						
19		✓						69						
20		✓						70						
21		✓						71						
22		✓						72						
23	✓							73						
24		✓						74						
25		✓						75						
26		✓						76						
27	✓							77						
28		✓						78						
29		✓						79						
30		✓						80						
31		✓						81						
32		✓						82						
33		✓						83						
34		✓						84						
35		✓						85						
36		✓						86						
37	✓							87						
38		✓						88						
39		✓						89						
40		✓						90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	5							TOTAL IND.						
TOTAL DEP.	31							TOTAL DEP.						
TOTAL CLAIMS	36							TOTAL CLAIMS						

PTO-1360 (3-78)